



Thomas C. Meyer, MD

## Editorial

# Following up on Evidence-based Medicine

Thomas C. Meyer, MD, Medical Editor, Wisconsin Medical Journal

*“Not all ‘literature’ is ‘evidence’ and not all evidence is valid or relevant to the patient at hand.”*

*“EBM is a contemporary paradigm for practice which is efficient, scientifically reasonable and axiomatically logical.”*

These quotes are taken from the editorial accompanying a previous issue of the *Wisconsin Medical Journal* dealing with Evidence-based Medicine. They were, in turn, lifted from the articles in that 1999 issue, which was designed as a primer in the use of EBM. It seemed appropriate to the Editorial Board to have a “follow-up issue” devoted to the same topic, and we are grateful to Dr Feldstein and his colleagues for providing the substance of this issue.

Doctor Feldstein reviews the content of each article in his guest editorial (p 11). His title heralds the tone of the issue: “Evidence-based practice....” no longer EBM, and emphasizes the great improvements that have been made in many facets of the process. The search engines and resources are much more user-friendly; “point-of-care” EBM use is practical; “forest plots” summarizing systematic reviews, grading systems in the evaluation of clinical guidelines, and involvement of patients in the selection of therapies based on data are now practical possibilities. Doctor Dunn supple-

ments these reports with a lucid description of the incorporation of the EBM philosophy into all four years of the curriculum at the Medical College of Wisconsin (p 53).

About 10 years ago, a good friend and superb clinician—“a doctor’s doctor”—suddenly retired from practicing clinical medicine and went into a lower paying administrative/research position, much to the distress of his patients and colleagues. At lunch with him several months later I asked him why he had done it. His answer shocked me: “I just can’t keep up with the literature, and I know that I am no longer completely competent. I can’t continue to practice when I am constantly worrying whether each patient is one who is going to suffer from my inability to provide the best possible care.” I have often wondered whether he would have made a different decision if evidence-based practice had evolved earlier.

We are excited to launch “Clinical Questions,” a new series. The reader will be given a real-world case and the question faced by a clinician. This feature will show readers how the authors obtained and evaluated the available evidence, and an evidence-based answer will be offered on another page in the issue. We hope that this exercise will allow the reader to think through how they would

have approached the question and will continue the evidence-based theme in future issues.

A brief word about the two articles in this issue that are not centered on EBM. Dr Sotir and his colleagues provide an extensive review of the 10-year incidence and mortality of meningococcal disease in Wisconsin and point out that the incidence of approximately 1:100,000 in Wisconsin is slightly lower than the US incidence, but that the mortality rate is approximately one in 10 cases, mainly in young children although young adults are also at risk. They caution that there are some unsolved problems related to vaccines. Doctor Tak and his associates report the successful percutaneous closure of an atrial septal defect in a 72-year-old symptomatic patient with resolution of her symptoms. How much better and safer than a thoracotomy.

Finally, I would like to point out an error that appeared in the previous issue’s editorial. In discussing the articles not dealing directly with the theme of Injury Prevention, I say that “there is certainly more worth nothing.” Of course what I meant is that there is more worth *noting!* The *Journal’s* editorial staff strives for accuracy, but occasionally they let a typo slip through. We apologize for the error and hope that none of the authors felt slighted!